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HOW I DO IT

Palliative Surgical Treatment in Enterocutaneous Fistula

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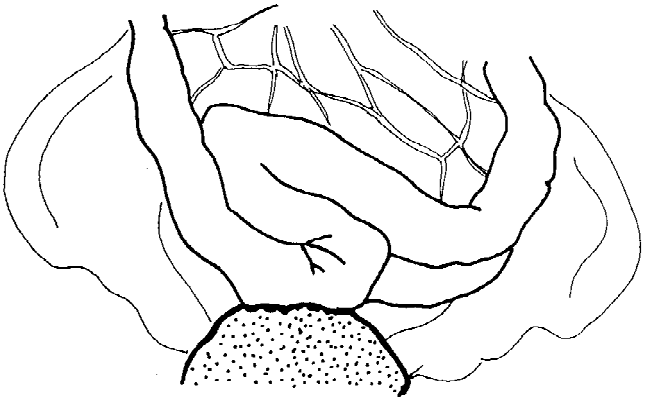

Fig. 1. The loop of small intestine stuck on the hypervascular tumor, which leads to the development of the fistula.

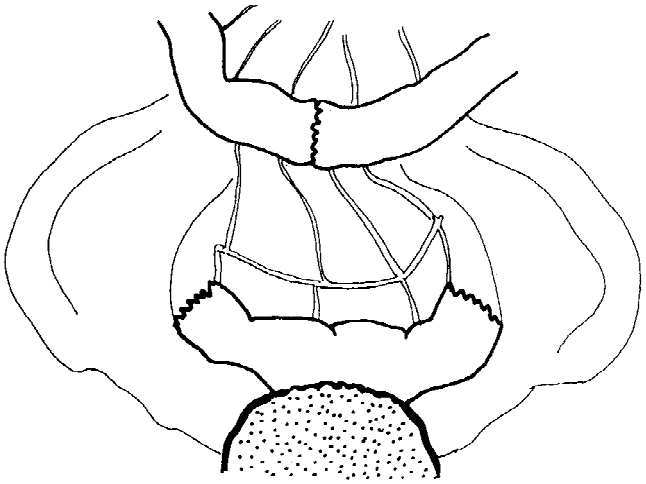

Fig. 2. The stuck loop and its preserved mesenterium are left behind. Intestinal continuity is achieved by means of an end-to-end anastomosis.

Advanced, recurrent vascular lower abdominal or pelvic tumors following abdominoperineal resection causing enterocutaneous fistulas, particularly after radiotherapy, present a difficult clinical problem [1]. When a radical resection is technically not possible, or dissection of the segment of small bowel adherent to the recurrent tumor and connected to the fistula is inadvisable, control of the fistula can be obtained by the following method.

First, the afferent and efferent loops are dissected. The adherent loop and the mesentery providing its blood supply are preserved. The involved bowel segment is divided proximal and distal to the fistula by using a stapling device, or manually, and is left behind in its position (Fig. 1). Finally, intestinal continuity is reconstructed by means of an end-to-end anastomosis (Fig. 2).

REFERENCES

1. Zografos CG, Iftikhar SY, Harrison J, Morris DL: Evaluation of blood flow in human rectal tumours using a laser Doppler Flowmeter. Eur J Surg Oncol 1990;16:497–499.

COMMENTARY

This is a simple method to control an enterocutaneous fistula associated with a recurrent tumor, particularly following radiation. The segment connected to the fistula is defunctionalized as it is separated from the flow of intestinal contents. This segment will continue to produce mucus and succus entericus, which can drain through the fistula. When the involved segment is stapled immediately above and below the fistula, the remaining segment connected to the fistula is very small, and any discharge through the fistula should be minimal or practically nil. Alternatively, the section connected with the fistula could be defunctionalized by making it the apex of a Roux-en-Y loop, which is a slightly more complicated procedure.

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